



**MOORHEAD AREA PUBLIC SCHOOLS ISD 152  
REQUEST FOR CLOCK HOUR APPROVAL FOR CONTINUING  
EDUCATION/RE-LICENSURE**

Name	Address		
File Folder #	School		
Expiration Date	Position		
Clock Hours	Category (A-F)		

Title of Course/Activity \_\_\_\_\_ Date of Activity: \_\_\_\_\_

**ADDITIONAL RE-LICENSURE REQUIREMENTS**

**REQUIRED HOURS**

*Circle "Yes" or "No" if this course/activity meets all or part of the requirement.*

1. Accommodation, Modification, and Adaptation of Curriculum, Materials/	1 Hour	Yes	No
2. Positive Behavioral Intervention Strategies (PBIS)	1 Hour	Yes	No
3. Suicide Prevention	1 Hour	Yes	No
4. Mental Illness	1 Hour	Yes	No
5. Reading	4 Hours	Yes	No
6. English Language Learner	1 Hour	Yes	No
7. Cultural Competency	4 Hours	Yes	No

*Hours must be from at least 2 of the following topics: Racial, Cultural and Socioeconomic groups; American Indian and Alaskan Native Students; Religious Diversity; Gender identity, including transgendered students; Sexual Orientation; Language Diversity; Individuals with disabilities and mental health concerns; Systemic Racism.*

**Per MN Stat. 122A.187**, individuals have the option of submitting their summative evaluation with individual growth plan to the local continuing education committee in lieu of: *Cultural Competency and English Language Learner requirements.*

Was the activity sponsored by ISD #152?

If you circled **yes** and you are a **current ISD #152 employee**, please disregard A, B, and C below Yes    No

\*Infintec and Safeschools are provided but not sponsored by the district. **Please complete C ONLY,**

**DESCRIBE THE ACTIVITY FOR WHICH THE CLOCK HOURS HAVE BEEN REQUESTED:**  
If more space is needed, please attach another sheet. **Please attach verification.**

- A. Objective: \_\_\_\_\_
- B. Description: \_\_\_\_\_
- C. Evaluation: \_\_\_\_\_

<b>Pre-Approval Request</b>	<input checked="" type="checkbox"/>	Provide a brief description of professional development, organization providing the professional development, and a connection to your teaching assignment:
APPROVED		
DENIED		

<b>Committee Action:</b>	<input checked="" type="checkbox"/>	<b>Committee Denial/Explanation Corrective Action</b>
APPROVED		
DENIED		

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_